

APPLICATION FOR WATER AND SEWER DISCOUNT PROGRAM FISCAL YEAR 2022

PROPERTY ID: ____/____/____

DATE RECEIVED: _____

PLEASE COMPLETE ALL SECTIONS FULLY. PLEASE PRINT OR TYPE.

NAME OF APPLICANT: _____

MARITAL STATUS: S M D W

DATE OF BIRTH: _____

If first year of application, please attach a copy of your birth certificate.

LEGAL RESIDENCE on July 1, 2021: _____

MAILING ADDRESS, if different: _____

DAYTIME TELEPHONE NUMBER: () _____

LOCATION OF PROPERTY: _____

NUMBER OF DWELLING UNITS: _____

Did you own and occupy the property on July 1, 2021 and for the prior ten (10) years?

Yes ____ No ____

If no, list other properties owned and/or occupied during the past ten (10) years:

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If applying for the first time and property is in trust, please provide a copy of trust and schedule of beneficiaries.

If previously approved and property is in trust, have you made any changes to the trust?

Yes ____ No ____

(OVER)

APPLICATION FOR WATER & SEWER DISCOUNT PROGRAM**PAGE 2****GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR (2020):**

Please provide a copy of your federal income tax return for calendar 2020. This is required to verify your income.

	Applicant and Spouse	Co-owner and Spouse
Retirement Benefits (Social Security, Railroad, Federal, Massachusetts and Political Subdivisions)	\$ _____	\$ _____
Other Pensions and Retirement Allowances	\$ _____	\$ _____
Wages, Salaries, and Other Compensation	\$ _____	\$ _____
Net Profits from Business or Profession	\$ _____	\$ _____
Interest and Dividends	\$ _____	\$ _____
Other Receipts (Rent, Capital Gains, etc.)	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Signature of Applicant**Date**

If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.

TO BE COMPLETED BY OFFICE STAFF

DATE OF PROCESSING: _____

RECOMMENDED ACTION: _____

INITIALS: _____